

Body to Body: Discussion of “’Tis Beauty Kills the Beast” by Susanne Chassay

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Following upon Chassay’s concerns about the *viability* of sensory communication in claustrophobic states, I elaborate on her distinction between sensations that serve as fuel for claustrophobic states and those that serve the meaning-making “containment” function. I suggest that a *proto-symbolic* registering of incipient meaning may germinate within sense experience itself, prior to the constellation of specific affects and symbolic meaning, as a form of *intersomatic subjectivity*. I argue that the interpellative aspects of social reality—the psyche-in-the-body-in-the-social—create a “somatic delinking” that forecloses this mutually enlivening, aesthetic exchange.

My longtime friend and colleague, Susanne Chassay, presented her paper “’Tis Beauty Kills the Beast” in May 2012 at the Psychoanalytic Institute of Northern California and in doing so graduated as a psychoanalyst from our institute. Two days earlier she had been told her recent chest X-ray revealed “something” in her lungs. She knew it was cancer because she had lost almost all of her family to the disease but chose not to think about it until after her graduation, at which I was her discussant. In the months that followed until her death in late December 2013, I endeavored in spasmodic fits and starts to expand and revise my initial response to her paper.¹

Throughout those 20 months, Susanne and I walked together, along with a few other very dear friends, as the news of her illness grew worse. Any respite she would begin to feel, any fresh arrival of hope, was soon slammed down by new symptoms, new levels of pain, and more rounds of difficult treatment. Although this journey through serious illness is such a common one, it has been especially poignant for me as the revisions to this manuscript lay waiting, most often fallow, within me.

The few occasions during her illness when I had been able to pick it up and enjoy a rare breath of spaciousness and creativity had been quickly followed by the sad weight of likelihood that she and I would not see this through to completion together. Walking alongside her, holding her physically, emotionally, spiritually, and discovering greater depths of beauty in the unshuttered heart together, has altered what lies within me wanting to be spoken. It has also made more

¹I am very grateful to Stephen Hartman, who generously welcomed us to submit our respective papers to *Studies in Gender and Sexuality* for possible publication.

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precious the gift she spoke. For hers was, as is all of what we choose to write, ultimately a deeply personal expression of hard-won realization.

In honor of that, I dedicate this discussion in tribute to my beloved friend.

INTRODUCTION

“Tis Beauty Kills the Beast” is a work that, paradoxically, both captures and frees its reader, as it seems to have done its writer. In this article, Susanne Chassay draws us into a unique form of psychic retreat in which the body and its elemental energies form the architecture of an addictive encasement. As she lays out the landscape of this soma-based claustrum,² Chassay reveals all the while how analysts will find no refuge from the disquiet of this terrain if we wish to establish contact with such patients. In examining this particular type of unconscious exploitation of the body, Chassay enriches psychoanalytic understanding of the painful dilemmas inherent both to psychic entrapment and to liberation from entrapment, dilemmas encountered within the analyst as well as the patient.

As a clinical endeavor, Chassay’s article adds to the somewhat limited literature on the role of the *analyst’s* sensory faculties in the therapeutic process. Although there is a growing literature on the impact of the analyst’s body, such as the analyst’s pregnancy, physical state, illness, or death (Burka, 1996; Aron and Anderson, 2000; B. Pizer, 2000, 2002; S. A. Pizer, 2009; Murphy, 2013), this literature tends to focus on how the patient responds to the analyst’s bodily condition, the analyst’s countertransference to these responses, and how these issues can be taken up clinically. Relatively little attention has been paid to the direct sensory experience of the analyst as an important component of unconscious communication and information (see Lombardi, 2007, and Anderson, 2007, for some exceptions). Although psychoanalytic literature is rich with material on the usefulness of the analyst’s affects, thoughts, and fantasies, our bodily activations and reactions remain relatively sidelined, it seems, as we sit metaphorically glued to our chairs. Chassay’s article is unique in its emphasis on sensory communications the analyst receives and transmits, sometimes against her conscious wishes.

In this discussion, I first follow the author’s implicit instruction: recognize my body’s ineluctable response, an instrument whose voice should have first claim in the chorus, before thought or symbol or elaborated emotion. The first part of this discussion is thus more of an evocation, a riff of harmony and counterpoint ignited by the sensual and aesthetic filaments Chassay has described. In the second part, I reflect on ways in which the psyche, shaped by social influences in the form of “discursive instructions” (Guralnik and Simeon, 2010, p. 403), traumatic generational transmissions (Davoine and Gaudilliere, 2004), and dynamic pressures from the social unconscious (Hopper, 2003), is tasked with rendering knowable *via the soma* otherwise inchoate and indecipherable anxieties. I suggest that bodily experiences within the clinical hour, both patient’s and analyst’s, are a source of important communications that can help illuminate psychic organization. In agreement with recent relational perspectives, I argue that not only are psychic and social structure inextricably intertwined but also that the sensory experience of both

²The psychic retreat of the claustrum was first articulated by Meltzer (1990).

analyst and patient is central to facilitating the kind of reverie that will allow the dyad to transform this complex nexus of influences into more coherent meaning.

CALL AND RESPONSE

If we attend closely and imaginatively to Chassay's words, we realize there is no escape. She brings our vulnerability as analysts directly into focus when she alerts us to "sensual and aesthetic currents that speak body to body" (this issue, p. 7). We are afforded no hiding place when she tells us the analyst's somatic experience—in your body and my body—is as essential a container for transformation as the analyst's mind.

At the outset, Chassay ushers the reader into the senses through a scene of claustrophobic paranoia opening into wondrous spaciousness followed by images of hypnotic lighted screens and whooshing metal tubes spilling into a mess of bodies that swarm vibrantly, chaotically together. Immediately, the reader is enjoined in the tense pull between self-encapsulation and social connection, between autonomous action and undifferentiated group merger. Although her focus is primarily on the two soma-psyches of the therapeutic dyad, Chassay also points toward the collective or social "body" as it subsumes, narcotizes, and propels individual growth. This article thus represents a doubling of spheres, layering personal retrenchments and expansions within repeating patterns of social influence: regression, isolation, adhesion, connection, transformation.

In elaborating a particular version of Meltzer's claustrum (1990), Chassay identifies particular symptomatic ways in which sensory experience is misused as an end in itself, structuring the body as both prison cell and refuge. This type of claustrum retreat occurs at the level of corporeal reality as well as internal unconscious fantasies of the body: mother's body and the self's. Chassay shows us how the twinned perils of the mother's beauty and lack of "viability" lead some patients to colonize their sensorium to create a suffocating kind of psychic companionship. A part of the mind as Mafia figure (Rosenfeld, 1971) maintains the walls of the compound. Pain serves as sentry, keeping real human contact and nourishment out, locking the phantasy of a comforted self within. In effect, the body is helpless pawn *and* provocateur. We are left to wonder, who is puppet, who is puppeteer?

Chassay's moments with her patients are suffused with erotic energy: energy that has been seized, inflated, corralled, or turned into silent missiles of pleasure-pain aimed at the border of self and other. This plundering of erotic vitality is perhaps the hallmark of addiction and, hence, of the extreme encapsulation of the claustrum that Chassay describes so clearly. When I control pleasure and pain, I control the world. I control life itself.

Such a world comes into being, the author indicates, in a subject who is unable to *sustain the trustworthiness of her own senses as food for thought*. This is a key point: the degree to which sensory experience can be trusted to give rise both to manageable affect and to intelligent "sense" making, meaning making. In the case of a mistrusted body, sensory experience occurs as pure beta element (Bion, 1962), bombarding and threatening to overwhelm. In self-protection, the subject becomes psychically encased while also insatiably hungry, a jack-in-the-box turning the crank of her own body in a masturbatory form of compulsion that serves to quell the actual need for the other. Chassay calls this a "self-generated sensation matrix" (this issue, p. 7). Meltzer (1990) speculated that, unconsciously, an internal masturbation is going on in which the beauty, erotic vitality, and knowledge within the mother's body are being plundered in fantasy.

This kind of soma-driving patient, Chassay notes, pursues extremes of both intensity and oblivion that are ends in themselves: dead ends that lead nowhere. On first reading, it would seem that the pursuit of intensity or oblivion leads to opposite ends of a sensory continuum. Yet in such addictive claustrum states, these extremes are reversible companions, the one seeking the other in a pitiless search for aliveness-deadness. The somatic claustrum can be seen as a paler version of the extreme situation in which ordinary evil is reproduced (Grand, 2000), where a severely deadened self comes momentarily but acutely alive by stealing the life force of the other through annihilation or murder. In Chassay's patients, the other is the subject's own ransacked body as ground for the performance of a sadomasochistic struggle between doer and done-to, *fort da* run amok on the sensual self.

In her illustrations of Katy and Tina, Chassay identifies variations in the subtle ways in which bodily experience is enlisted as a secret companion, providing comforting refuge or, alternately, an erotized incorporation of the analyst in fantasy. At the center of these psychic movements, we encounter a chilling faithlessness. Following Meltzer (1990), Chassay points out how the assertion of will—a grasp for omnipotence or omniscience—is an attempt to substitute for lost or broken faith.

Many patients present with what might be called addictions to omnipotent solutions to stave off overpowering feelings of emptiness, deflation, and psychic collapse. Although these patients may or may not resort to addictive behaviors like drugs or sex, reliance on other human beings for emotional and psychic regulation has been powerfully repudiated and, internally, a cruel contempt is often leveled at the vulnerable self in need as well as at the analyst. This kind of disturbed internal organization, arising from serious narcissistic wounding by real, external objects, utilizes destructive energies to maintain a desperately needed sense of power.

One of the most insidious versions of this inner scenario, according to Rosenfeld (1971), is when the individual unconsciously draws on erotic energy to possess and magnify aggressive impulses. One thinks of Sean Penn in the film *Mystic River*, playing an ex-con and local don named Jimmy, leading a cadre of other toughs. After the brutal murder of his teen daughter, Jimmy begins to suspect one of his closest childhood chums of the act, as this friend's behavior becomes increasingly erratic and confused. In a fit of righteous certainty, Jimmy has his buddy killed in front of him, only to learn shortly after that he was grievously wrong. We see Jimmy's narcissistic grandiosity in a rare moment of disintegration. Realizing his terrible fallibility, Jimmy begins to break apart in anguished grief and guilt, his toughened pride crumbling. Alarmed at this breakdown, his wife, twinned erotically with Jimmy's narcissism and played with deadly, sensual accuracy by Laura Linney, strokes and resurrects the deflated phallic psyche of her husband. In so doing she resurrects her own erotic grandiosity, sealing them both again within an impenetrable, omnipotent cocoon.

The faithlessness of these cocoons that Chassay highlights is the gauntlet encountered in so many analytic treatments—an ineluctable and immediate challenge to the *analyst's* trustworthiness thrown down by the guardian at the gate of early loss. Although that guardian represents a fierce and often relentless barrier to emotional contact, Chassay does not wish us as analysts to forsake this lion at the gate: she expresses great empathy for the overbearing will that is the creator of such a lonely somatopsychic world. She wonders, instead, about the points of entrance into these heavily guarded fortresses. And she finds them in herself. Bearing her fears about the trustworthiness of her own senses, she nonetheless takes the risk of paying close attention to her stimulated body, a body that has given rise to *something*.

Here, Chassay offers us a novel insight about willful encapsulations: The “first point of access [into omnipotence] *is* the body” (this issue, p. 8, italics added). She explains, following Meltzer (1990), that the kind of claustrum her patients inhabit has been created in an infant thrown out of kilter *sensorily*, and thus psychically, by the awe and dread of the countenance of a mother who is at once *beauteous* and not “*viable*

This matter of “*viability*” strikes an intriguing chord throughout Chassay’s article. Although it is not ostensibly her primary focus, it keeps cropping up as a question directed to both the analyst other and the subject’s self. *Viability* calls to imagination that mysterious moment when a fetus crosses the gestational threshold from fish-like creature without aspiration or respiration into a self-sustaining physical being capable of living outside the watery womb by the inflation and deflation of its own lungs. As early theorists of the body like Reich and Alexander intimated, *breathing* is an aggressive act in its most basic form: a grasping of fresh air and the ejection of stale breath to ensure independent, bodily survival.

If we play for a moment with the reliable action of inhaling and exhaling as a metaphor for the *viability of the analyst-other*, might we also then consider the circularity and rhythmicity of the breathing analyst and patient pair? Might the analyst’s viability hinge upon her openness to fully breathe her patient in and out, taking the measure of the subject through her nose, ears, tongue, and eyes? And what of the analyst’s breathing skin, a seamless wrapping of receptor cells that sense density and intensity, tightness and spaciousness, coolness and warmth in the analytic womb in which the dyad’s breathing occurs?

Chassay points us, as well, to the question of viability in the despairing *self* who pretends to have no need of air. We might say that the faithlessness of the claustrum, as the author describes it, serves to quell the fear that attends aggressive breathing on one’s own behalf and to stifle the longing for the other’s breath, which, taking in and giving back, might infuse something that only raids or poisons. In this tragic circumstance, we imagine an infant who is blinded or overpowered by the mother’s unassimilable countenance and who has, at the same time, *failed to be sufficiently lit from within* by a maternal appreciation of the baby’s *own* beauty. As Eigen (2009) stated, “We have psychic taste buds, psychic lungs, and are sensitive to the smell, taste, and quality of the emotional air we breathe” (p. 3). Chassay vividly describes this failure as a psychic catastrophe where the nascent self falls into uncontained emptiness, a “black hole where self would shatter if it did not take refuge from the blistering darkness” (this issue, p. 15). This is, indeed, a beastly place.

Chassay shows us that the claustrum-baby, trapped in the adult patient, is lacking the experience of aesthetic wonder, deprived of a sense of inner light *that arises as the baby’s own* in the genuine seeing of the baby by the mother (Benjamin, 1995). It is this early, pliant template of self-recognition through the gaze of the other that inspires the baby’s intake of spacious *psychic* breath as a self-affirming life force. Chassay describes this as “a co-created event of aesthetic reciprocity” (this issue, p. 15). In its absence, as Meltzer and Williams (1988) imagined, the baby bears a terrible sense of ugliness at the core of her creation: “If my parents cannot convey to me that they experience me as beautiful, I cannot then imagine myself to be the product of a beautiful and mysterious conjunction but only of an ugly secret one” (p. 56). I suggest that it is in the analytic moment of co-created beauty where an intrinsic, organic pathway of relatedness is restored to fluidity, one that has heretofore been constricted or calcified into a claustrum enclosure. A reciprocity of giving and receiving becomes possible. Sensory aliveness and authenticity then flows upward and outward, stirring native intelligence and intuitive meaning *via the body*.

This kind of viability hearkens back to the literal and metaphoric senses of the word viability. In our analytic language, words often imply sharper distinctions between sensation and symbol than perhaps exist. Kenneth Wright, in *Vision and Separation* (1991), notes that in metaphor, “nowhere in language is the relationship between sensually perceived things and their meaning closer. . . . In the beginning was the Word . . . and the Word was made flesh and dwelt among us. . . .” “In metaphor,” Wright goes on, “the word *almost* becomes flesh—or is it that the flesh becomes word?” (p. 163). It is this body-based “viability” of mutual aesthetic exchange that carries meaning not yet realized in image or thought. It is this seeing-feeling-sensing of beauty between mother and infant, patient and analyst, to which Chassay draws our attention. “Bodies call to each other as much as minds,” she states (this issue, p. 15), and in so doing she lays the gauntlet at the threshold of our fine, analytic intellects. It is the patient’s as-yet-unspeakable signal that we are called to heed, a signal, she says, that *must first make itself known through the analyst’s senses*. This requires us to leave the comfort of our K links, our knowing, and cross the limen with faith into the stifling habitat of the claustrum.

Thus, in the kinds of claustrum retreats Chassay describes, the sensory experience of the *analyst* appears central to the discovery of a pathway of communication with the patient. In her own visceral activation with her patient, a shared quickening is felt: the analyst has a reverie that arises directly from her sensory response to her patient. This movement within the analyst parallels and supports the patient’s possibility of a transition “from consolation to inspiration, linking somatic aliveness with the visionary capacities of the mind” (this issue, p. 9). This body-based relational but nonverbal interaction raises two possibilities: that a kind of liminal or transitional experiencing occurs at the level of the body in which a play of potential *movement* occurs; it also points to the *sub-liminal* process by which incipient metaphor that is not yet mentalized in language or image first becomes felt or sensed as intuition in the body.

Chassay offers an important and subtle distinction here, following Meltzer, between affects that serve this crucial bridging function between the sensorium and the meaning-making function of the mind and affects that occlude or collapse this bridging function. She speaks of “sensation-affects” that fuel the claustrum, that provide a repetitious self-consoling function, feelings that are appropriated and driven back into the body, as it were, in a closed loop. In contrast are “meaning-affects,” stewarded by mother’s adequate-enough reverie about her baby, that inspire gestational movement within the baby’s mind, nudging it toward open and “direct engagement with the beauty of the world” (this issue, p. 10). She thus distinguishes affects that are bound by prescriptions of once-and-future suffering from those that—to borrow from T. S. Eliot—are “still and still moving” toward “a further union, a deeper communion” of self with world (Eliot, 1943, p. 32).

We might pause to wonder, however, what is meant by “sensation-affects.” Is this not another way of describing the result of an unconscious mental action upon emergent affects (Stern, 1985, 2010) that aborts the process of sensation-becoming-affect-becoming-meaning? Is it not what is being *done*, unconsciously, to sensation that determines whether the colorful signals of energy humming through the body will flower into emotional truth or be driven back into the confines of dumb, bodily tension? What, after all, corrals these bodily processes into their masturbatory confines if not that lonely, vigilant sentry guarding the gates of the body-mind? As one pregnant patient recently said to me, exploring her phobic obsession with the *literal* viability of her physical heart, “I don’t want to commit to that much affect!”

This herding and driving of sensory experience is Chassay’s valuable contribution to Meltzer’s (1990) work. She extends his conceptions of the phantasy colonization of the interior life of

the mother, essentially a severe form of aggregating an omniscient, inviolate sense of knowing. Meltzer relies on his patients' dream material and on a Kleinian theory of infantile disturbance when dependency on the mother goes awry. Chassay adds data from the patient's subtle uses of the body, especially as registered through the analyst's sensory experience. She conveys a view that meaning may emerge through the senses themselves provided that the capacity for *alpha function* exists.

Alpha function was, for Bion (1962), *nonsensuous*, even though he conceded that he did not understand its nature. But this nonsensuous capacity was essential, he believed, for transforming raw sense impressions into what he called "beta elements," into elements that become forms of memory available to dream life (pp. 6–7). Bion argued that raw, untransformed sense impressions are not amenable to dream processes and typically must be discharged in some way: acted out or, as in the cases Chassay describes, acted *in*. Oddly, in speaking about sense-impressions that have not come under the operation of alpha function, Bion described the sense-impression "as if it were *a part of the personality* experiencing the sense-impression, and the sense-impression as if it were the thing-in-itself to which the sense-impression corresponds" (p. 26; italics added). Was he speaking of something alienated, even dissociated, because it is felt as somehow external to one's *I-sense*, or sense of self, until it has been transformed into affect and meaning? Although these are phenomenological matters that have been taken up elsewhere, I explore them here for a reason.

Following the implications of Chassay's work, I wonder about a more sensorily rooted process in which a *proto-symbolic*³ registering of incipient meaning may germinate within sense experience itself before affect or meaning have had a chance to develop. I suggest there is an important value in our analytic work to facilitating our patients' capacity to *bear* raw sensory experience and allow its natural movement within the body. Although it is assumed that the analyst's containing alpha function—a mental process—supports the development of the patient's capacity for psychic containment, might it not be necessary in some cases to work toward containment "from the ground up," as it were? By this I mean providing an environment in which the analyst conveys a faith in the potential meaning inherent in the patient's sensory experience and is unafraid of contacting that raw experience.

Do we invite our patients, and ourselves, to meet these stirrings without constriction in order for the unsymbolized to enter into consciousness? In my experience, such an invitation requires real trust *in the body*. This is where much fear lies within our patients, fear of the too-muchness of physical sensation. This is also often where much fear lies within ourselves as analysts: in the kindling of the vagus nerve or viscera, the hint of a vertiginous wave passing through the gut, or a sudden destabilizing tremor in the muscles. Yet these are the primary roots of empathic resonance (Ekman, 2008) that unfold into the emotional aspect of empathy. It is something dancers and musicians refer to as "kinesthetic empathy" and can at times have an uncanny quality. In this respect, I agree with Reiner (2012), a student of Bion, who emphasized that the *affective* experience of the patient—that which must, by definition, be felt through the senses—is a vital platform from which the intuitive process arises. In the section Further Considerations I attempt to tease out the apparent contradiction between Bion's view that the senses *distract* from awareness of the ordinary nonpathological state of hallucinosis that is "always present but overlaid by other

³After discussing the "proto-symbolic" potential of sensory experience in the original version of this discussion in 2012, I was pleased to subsequently read Cartwright's (2010) work on "proto-containment" and "proto-symbolic" processes, which had been unfamiliar to me. See a fuller discussion of his work in the next section.

phenomena which screen it" (Bion, 1970, p. 36) and the way in which sensory awareness can permit access to this "ongoing nature of dreaming" that is "central to processing truth and raw emotional experience" (Reiner, 2012, p. 3).

It is thus when we analysts touch our felt experience directly, opening the body to and consciously allowing in the sensory precursors of such affects as love, dread, fury, agony, fear, and longing in our work with patients, that we facilitate the conditions for our *patients'* direct experience. This touching of direct experience, I believe, vibrates silently between our respective bodies in space.

Chassay's rich article carries our attention to the edge of our own private distress and pleasure, to the urge to hunker down in our minds and away from our potential undoing in the face of powerful, sometimes overpowering, exciting and painful reactions in our own bodies. I believe that it is easier for us as analysts to unconsciously "retreat" into mental reverie to distance ourselves from the kinesthetic impact of our patients' bodies in such intimate proximity to our own. Chassay highlights the dangers attendant upon allowing admission into consciousness of our bodily responses to our patients: stimulation, possibly leading to overstimulation, to seduction or repulsion, to impulsive action. In her courage to trust the unfolding of her erotic response to her patient Katy, the couch-potato-chip-eater, Chassay gently holds a space for the confusion in Katy's mind. Katy is able to wonder, "Is this my usual, insatiable craving for the whole sensory bag of chips, or is this something authentic that leads me to want from the other?" And what will become of me, of the world, Katy seems fearfully to be asking, if I loosen these bonds on my desire?

Here, Chassay tells us, is where we may discover the nascent transference that has been asleep as the unviable self-other embryo, the point where reciprocity went awry and the fault got lodged within as the hated self or hated body. The analyst's sense experience is a spur to meaning: Chassay does not just have an erotic response to Katy. She experiences "a visceral apprehension" of Katy's beauty that seems to her to be "both sensual and an emanation from a radiant core that had hitherto been invisible to me" (this issue, p. 12). The analyst is awakened. Faith draws a tentative inspiring breath toward viability within this space of "contained emptiness." The analyst waits, knowing the moment must not be prematurely captured with words. She waits, perhaps like Eliot instructs, without hope or love, for such would be predetermined hope and predetermined love for the wrong *thing* (Eliot, 1943, p. 28). She waits, rather, with unknowing faith for the sensory moment to ripen emotionally within herself and her patient, only then to coalesce into meaning. This, Chassay reminds us, is evolution in O, from Knowing into Being. It is where suffering meets redemption and ceases to be the endlessly craving suffering that, like a hungry ghost, feeds upon itself.

Toward the end of her article, Chassay invites us to consider that the transformational nature of encounters with beauty—under conditions of a permeable yet sturdy viability—generate a confluence of body, affect, and mind that carry the enigmatic residue of the mother. In this way, we sense how the metaphors generated within the living body, such as the muse who bestows the inner nectar that flows from the baby's brow in Sophie's dream, do indeed "give shape to a piece of the ineffable in such a way that it becomes accessible and vitalizing to both the senses and the mind" (this issue, p. 14). We can see how an autistic, omnipotent form of self-creation—the baby providing its own milk—is being simultaneously recapitulated and reworked as a fount of genuine creativity begins to usher from the infant, an infant who is viable because she is glowingly, beatifully beheld.

Chassay does not stop here but points us beyond the mother as transformational object. She writes, “Growth in our experiencing capacity requires access to a vantage point *outside of the self*, supported by faith in the benevolence of the aesthetic object . . .” (this issue, p. 14; italics added). She speaks here, in my understanding, to a broader relationship to beauty, suggesting it is possible to experience a form of interdependency with aesthetic experience in itself. She points beyond our object-related projections onto beauty to imply a reciprocal aesthetic relationship between aliveness-as-self meeting forms of aliveness-in-world. I think she might agree with my opinion that Bollas (1987), although contributing much to our understanding of aesthetic experience, is reductive in identifying the “transformational mother” as the originary, sole root of all aesthetic experience (Peoples, 2000).⁴ Chassay, instead, portrays the baby and mother in aesthetic reverie more as metaphoric prototype—or, more aptly, archetype—that reflects a continuum of “dependent relation[s] in the full arc of [their] trajectory from mother/infant to the Godhead” (this issue, p. 14).

Such relations, in this broader sense, are akin to what Nosek (2009) called our human relationship with the *sense* of infinity, which he suggested we welcome as one would a “guest.” This is the larger vista opening “outside of the self”—and outside of the claustrum—to which Chassay’s article finally aims. It is the vista that a stunned Ransom⁵ (a perfect name for the hijacked subject!) discovers when released from his paranoid, steel-skinned vessel. Chassay conveys, in this insightful and finely honed article, that emergence from a claustrum world is not a singular accomplishment of psychic birth where both dependence and independence can, at last, be pleasurable, sustainably enjoyed. Rather, she indicates there is no end of tender, painful births, as well as re-encapsulations, into an evolving universe of both beauty and dread. Whatever our metaphysical inclinations or lack thereof, this expanded view flows from an experience, a sense of truth, that arrives in the human heart when the body and mind are free to feel, and breathe, without constraint.

And yet, to dare to release our senses from captivity is to attend to the sotto voce awareness that *this* moment—and *this*, and *this*—is now fully upon us, and—now—fully lost to us. We may call these openings a birth into the mystery, the unknown, the unconscious, “O.” No matter what name we give them, these mutative thresholds of psychic birth are unavoidably companioned with death. Perhaps we fear fully opening to our senses precisely because such moments of fresh aliveness bring us more fully into contact with their fleeting, impermanent nature. On first reading Chassay’s lovely paper, it stirred in me those unforgettable lines of Rilke (1978) that reflect just what we are up against, and are compelled to surrender to, in opening our senses fully to aesthetic experience:

Beauty is only
the first touch of terror
 we are still just able to bear
 and it awes us so much
 because it so coolly
 disdains to destroy us⁶ [p. 19; italics added].

⁴See Sweetnam (2007) for a more complete, in my view, elaboration of aesthetic experience.

⁵A character in *Out of the Silent Planet*, the first book of C. S. Lewis’ (2003) space trilogy.

⁶I am grateful to Ghent (1990) for imbuing this moving poem segment with such rich psychoanalytic meaning. I have inserted a phrase from the translation used by Ghent, substituting “we are still just able to bear” from the David Young (Rilke, 1978) translation of “we can still bear.”

FURTHER CONSIDERATIONS

Although devoted to her one-to-one work with patients, Susanne Chassay maintained a passionate focus on the societal forces, conscious and unconscious, that she knew to be affecting the psychic field of her analytic work. The problem of omnipotent/omniscient defenses organized to ward off vulnerability and their manifestation in destructive human behaviors preoccupied her and myself as well. In 2004, we presented papers at the Fifth International Conference on Evil and Human Wickedness in Prague, impelled by the ravages of 9/11 and the U.S. wars in the Middle East.

In our papers, we each sought to explicate the psychological roots of social evil from a psychoanalytic point of view (Chassay, 2004; Peoples, 2004). Susanne elaborated the link between a cultural denial of death and its manic counterparts in computerized war making and addiction to material consumption. I elaborated a link between traumatic fissures within the individual sense of self and the subsequent vulnerability of the fragmented individual to a contagious dissociative enactment of physical violence on a collective level. Thinking about both those papers now, I see that we were each, in our own way, trying to approach the interlacing influences of the *psyche-in-the-body-in-the-social*. This clumsy wording represents the difficulty of describing the multiple and complex forces interacting in the intersubjective field between patient and analyst in any clinical moment. Yet the interpellative power of sociopolitical forces (Guralnik and Simeon, 2010; Hartman, 2010) to shape internal states cannot be minimized, especially traumatic ones. And their registration in forms of fragmentation and constriction at the level of the body should not be minimized. Efforts by relational theorists and others have brought needed attention in recent years to social-historical forces in analytic work (Schwartz, 2000, 2013; Davoine and Gaudilliere, 2004; Altman, 2005; Peltz, 2005; Layton, Hollander, and Gutwill, 2006; Harris, 2009; Layton, 2009; Harris and Botticelli, 2010) to further redress an almost exclusive focus on intrapsychic phenomena in early psychoanalytic theorizing (Cushman, 1990).

This relational body of literature, including that on the generational transmission of social trauma, is familiar to many analysts and too extensive to reexamine here. However, alongside this work, the past decade has seen a burgeoning body of literature on the psychoneurobiology of trauma (Schore, 2011), that is, on approaches to healing psychic trauma *via the body* (Ogden, Minton, and Pain, 2006; Rothschild, 2000; Usatynski, 2009; Levine and Mate, 2010). This work has become so influential that analytic publishers have developed specialty sections on “*interpersonal neurobiology*” (Norton). I conclude this article by pointing to a potential bridge between these discourses.

I attempt here to draw these lines of thinking together. First, I offer an example that will be familiar to many analysts, highlighting the social transmission of trauma at the bodily level, creating dysregulation not just affectively and psychically but physiologically as well. Second, I consider Cartwright’s work (referred to briefly by Chassay) in fuller detail to support the need for greater attention to *intersomatic subjectivity* or, as Cartwright (2010) calls it, *primary intersubjectivity*, within the therapeutic field. Third, I touch upon the ways in which societal patterns of power, misrecognition, and subjugation—those unspoken forces that categorize acceptable and unacceptable identities—are reconstructed in the relationship of the self to the body.

A patient grew up in South America during a time of military dictatorship, torture, and State executions. The son of Jewish European survivors of the Holocaust, he was overtly shielded by his parents from any knowledge of the State terror going on around him in his early teens. His father never spoke a word of his experiences in hiding from the Nazis in Europe. The son grew

up vehemently turning his father into a fly in his mind. Meanwhile, when the patient was quite young, his mother delivered her own stories of hiding, molestation, and persecution to her son as sexually exciting bedtime stories. Although the parents' unconscious *psychic* transmissions to their son were more than enough to severely traumatize him, it was also their sensorially telegraphed communications that left a legacy of extreme, at times psychotic, confusion in their child—not just in his mind but also experienced as bizarre, attacking objects in his body (Bion, 1962; Cartwright, 2010). In a calm moment, the father would suddenly scream a catastrophic warning to “watch out!”—a scream that jolted his son’s nervous system as he reached for the refrigerator handle. The son’s bare feet on the floor, his touching the metal handle, would lead to certain death through electrocution. The son’s soma filled with traumatic alarm, his mind repeatedly fragmenting. Through an alternate, sensory pathway, but equally insidiously toxic, the mother captivated her small son’s senses on the edge of sleep, recounting her own experiences of hiding, sexual assault, and terror in the form of libidinally charged, exciting bedtime stories. The son’s mind filled with confusion and fear while his body was erotically stimulated, paralyzed, and overwhelmed. In later life, this patient’s dissociative tendencies appeared not just in frozen states of mind but also in “zones of petrification” (Davoine and Gaudilliere, 2004, p. 49) in the body’s ability to digest food.⁷ In one psychotic moment, he felt his father was inside his belly, causing it to bloat. Over time, his mind became increasingly tormented with concrete questions about what substance had he ingested that had suddenly turned from nutritious to poisonous. A panicky chaos continually assaulted him: was the threat inside his *body*, or was it in his *mind*? His rigidified sensory states could not effectively evolve into discrete emotional experiences that could then give rise to useful *symbolic* processes of metabolism.

As this example indicates, there was not only a profound failure of alpha containment by the parents’ minds but also a failure of what Cartwright (2010) calls “proto-containment” of beta elements at the level of the body, leaving the patient assailed from within by energetic arrhythmias that prevented his stable experience of “coming into being with another.” Cartwright elaborates on Bion’s incomplete ideas about “the ‘patterning’ of beta elements.” He develops the notion, drawing on infant research, that “inherent capacities for imitation and perception of ‘difference’ produce rhythmic proto-mental phenomena that generate a background sense of ‘moving along,’ a rhythmic moving toward and away from something” (Cartwright, 2010, p. 106). Cartwright considers this a form of “primary intersubjectivity” or unformulated experiences emerging from “interaction itself through the self-organizing capacities of sense impressions” (p. 106). He suggests that the “self-organizing quality” of the senses in interaction with the environment occur as a “flow” of sameness and difference between bodies and things. This, in turn, provides a sense of “having a mind” before thought or meaning arises. Cartwright believes this proto-containing level of experience “relies on what cannot be known and exists at the border between the inanimate and animate, deadness and aliveness, and constitutes the ‘unthought’ background of the meaning-making subject” (p. 107). He notes, “Paradoxically, then, it is not *thought* that allows for the creative emergence of the proto-containing experiences but the emergent qualities of the ‘otherness’ or ‘thingness’ of interaction” (p. 107; italics added).

⁷Davoine and Gaudilliere (2004) noted, “Children . . . are very quick to detect the zones of petrification, even transient ones, of those who are supposed to be caring for them. They may express this in sometimes bizarre statements that are worth questioning, with an acute perception of the blanks in the other that is perhaps registered by what Damasio (1995) calls ‘somatic markers’” (p. 49).

Although Cartwright (2010) makes a clear distinction between Winnicott's concept of "holding" and Bion's idea of the "container function," I suggest there is an important link between them with respect to the primary *aesthetic* experience of "coming into being" through the rhythmic flow of senses in interaction with the world. Civitarese (2013, p. 155), speaking about the importance of the "sensory floor of the ego,"⁸ notes, "At birth, the initial integration of the psyche must necessarily be based on the body and can only correspond to the mother's *sensory reverie* . . ." (p. 156; italics added). He continues, "The specific nature of art lies in addressing *simultaneously*, the psycho-somatic level of integration of the subject. This is why it is reductive to focus solely on the intellectual content of an aesthetic object—the level of most Freudian aesthetic criticism—and not to include the sensory form" (p. 156).

Bodies transmit "packages" (for lack of a better term) of encoded communication through numerous sensory channels: through vibrational energies or "vitality affects" of "movement, time, force or intensity, space and intentionality/directionality" (Stern, 2010, p. 4), along with pitch, tonality, and rhythm that are intrinsic to human nervous systems at birth (Stern, 1985, 2010); through pheromonal systems; through the *tonus* of relaxed or constricted muscles; and, of course, through minute facial and gestural cues. These signals are often consciously imperceptible but are preconsciously or unconsciously registered, stored in, and transmitted through the body, perhaps across years and passed down, in different sensory variations, across generations.

Although the body's subtler energetic transmissions are more akin to invisible flags than messages accessible to symbolization, they remain signals that await decoding, as much as what is repressed awaits reappearance through a dream. Insofar as bodily experience, either the patient's or the analyst's, has been marked by the excess of actual trauma, these energetic transmissions call even more urgently for attention in the clinical hour, however encapsulated by internal claustrophobic states they may be. It is precisely this kind of constriction of the sensory "flow" within the patient and between patient and analyst that can contribute to a profound sense of *psychic* suffocation as was suffered frequently by the patient described earlier. These claustrophobic and constricted sensory "packages" may act upon the analyst in somatically powerful ways, and the analyst may, in turn, respond with sensory fragmentation or hallucinatory-like somatic symptoms (Eshel, 2001, 2006; Grand, 2003; Goldberg, 2004).

The role of the analyst's direct sensory experience thus becomes crucial as receiver and potential translator of such psychophysiological confusion and dysregulation, as I sought to illustrate in the earlier section of this discussion. The analyst's attention to the subtle movement or constriction of movement of sensory energy, tone, and rhythm in the two bodies in the room make possible a tracking of *somatic* "delinking" processes when they occur. This is analogous, I speculate, to Bion's attacks on linking in the unconscious (Bion, 1967) but takes place at subtle sensory levels. These are clinical moments where "sensation-cum-affect" diverges from "meaning-cum-affect," where semaphoric sensations that might become metaphor are dismantled, dissolved, or set adrift. They are the moments where dissociation (Bromberg, 1998, 2011; Schwartz, 2000, 2013; Goldberg, 2004) or appropriation are likely, either leading, potentially, to claustrophobic configurations in the unconscious. Cartwright (2010), noting that psychoanalysts like Meltzer consider these aspects of "proto-mentality" to lie outside the domain of analysis because they are "beyond thought and imagination," raises important questions for analytic consideration: "Might there be

⁸I am grateful to Barbara Blasdel, Ph.D., for bringing Civitarese's use of this term to my awareness.

room here to consider the idea that such sub-symbolic processes have an important functional role crucial to the nascent sense of having a mind? . . . Do traces of sense impressions, beta-elements, serve a function in themselves?" (pp. 109–110).

Davoine and Gaudilliere (2004) did not hesitate to declare that the unbearable pain and shame that drive people into the familiar forms of "madness" we see regularly in the consulting room derive, unavoidably, from "the rupture of transmission along the fault lines of the social link" (p. 6). By this they referred to the "cutting out" of the sociohistorical experience that results in zones of absence or "petrification"—in speech, psyche, and body. Many of the psychotic patients they worked with found it "necessary for the historical truth of shame *first to be embodied*, then to be spoken, and finally to be inscribed" (p. 6; italics added) in symbolic thought. Guralnik and Simeon (2010), Laub and Auerhahn (1993), and Davoine and Gaudilliere (2004) are among many analytic writers who have addressed the ways in which societal patterns of power, misrecognition, and subjugation are constructed and reconstructed in the individual, often appearing through absences marked by shame. As with the patient I illustrated earlier, the history of our human induction into the social order is also indelibly inscribed in our psyche's relationship to the body.

CONCLUSION

In her very personal "Epilogue," Chassay states, "There is no definitive linear progression out of the claustrum worlds; nor are they ever left behind once and for all. Our limited human apparatus seems to require periodic refuge from engagement with the beauty of the world into what Ogden (1991, p. 384) called the 'sanctuary' of the self-generated sensation matrix" (this issue, p. 16). In her timely article, Chassay demonstrates how a heightened attunement by the analyst to the sensory processes in the patient's body may provide a pathway for emergence from this regressive sanctuary, provided the analyst is able to have faith in his or her own sensory experience to stir intuition. Inviting the patient to bring his or her minute attention to the body's energies and to encourage the patient to permit the emergence of sensation can yield important information. This proto-mental "knowing" can come to the aid of the disorganized psyche when dysregulation holds sway, bringing into *movement* the inchoate distress that is tumbling the mind in confusion. We would do well, in our efforts to serve our patients, to more fully trust these astonishing bodies our own consciousness inhabits. Their communications may further the flowering of our analytic intelligence in ways beyond what we can imagine through the lens of our intellect.

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